

## CASH-IN-TRANSIT PROPOSAL FORM

Date:

### Broker Details:

Broker Name:

Contact Person:

Contact Number:

E-mail:

### Client Details:

Trading / Business name:

Previous trading name(if applicable):

Company registration number:

Company VAT number:

I.D. number of the owner:

Business physical address:

Business contact number:

Have you been given notice by your current / previous insurer for increased terms, or notice to cancel your policy?

- Type of Business:**
- Cash in transit / Security Company
- Cash processing company
- Owner of the cash

If you are the owner of the cash, what is the nature of your business:

**Cover Required:**

Cash in storage at security company's vault     Yes  No    Sum Insured: R

Cash in transit per vehicle per transit             Yes  No    Sum Insured: R

Cross pavement carries:                                 Yes  No    Sum Insured: R

Cash in device at customers premises:             Yes  No    Sum Insured: R

Device / safe cover:                                       Yes  No    Sum Insured: R

Cover commencement date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Section A – to be completed if you are the cash in transit / security company / cash processing company:**

Number of armored vehicles in your fleet requiring transit cover:

If you make use of 3rd party c.i.t carriers, provide names thereof:

Estimated number of customers / premises serviced:

Estimated gross annual cash volumes processed:

Which option best describes your service level agreement / cash in transit & cash processing offering with your customers?

- 1) End to end: Includes cash in safe at customer premises, device itself, collection, transit & until delivered to the bank     Yes  No
- 2) Transit only: From time of signed collection at customer premises & until delivered to the bank     Yes  No
- 3) Static only: Device & cash in device at declared customer's premises     Yes  No

**Section B - to be completed if you are the owner of the cash:**

Basic description of the risk address (i.e location & Security)

  


If you have more than on location / branch, provide details of all premises

Details of the cashing in transit company(s) used to collect your cash:

Number of weekly pickups from your premises:

**Type of cover required:**

- 1) Transit Only: Once collected by the c.i.t security company, in transit & until delivered to the nominated bank  Yes  No
- 2) Transit & onsite: Whilst in the device / safe at your declared premises, & including the above collection & transit  Yes  No
- 3) Device included: Loss & damage to the device / safe itself  Yes  No

**Section C – claims / loss history**

Year \_\_\_\_\_ R \_\_\_\_\_

Year \_\_\_\_\_ R \_\_\_\_\_

Year \_\_\_\_\_ R \_\_\_\_\_

**Section D – material facts disclosure & declaration of proposer**

State and other facts / information material to the risk not requested herein

  
  

Details of previous insurance:

Name of insurer:

Reason for moving:

I hereby declare that all statements made herein are true and correct and that there are no other material facts regarding the risk that should be disclosed. I further agree that if any statement or particulars herein supplied by any person other myself, that the person shall be deemed to have been acting as my agent for the purpose of this proposal.

Please email the completed document to [info@revolute.co.za](mailto:info@revolute.co.za)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Signature Date